

Case No. 00-P-24787
ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, DC 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER EL551652999US
DATE OF DEPOSIT Jan. 31, 2001

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED
WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST
OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE
INDICATED ABOVE AND IS ADDRESSED TO THE COMMISSIONER OF
PATENTS AND TRADEMARKS, WASHINGTON, D.C. 20031

Kathy L. Tissue
TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE
Kathy L. Tissue
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith for filing is the patent application of:

Inventors: Dr. Joe Torres; Dr. Rafael Jimenez

For: PRE-PAID HEALTH CARE SYSTEM AND METHODS OF PROVIDING SAME

Enclosed are:

[X] Patent Application: 48 pages, 60 claims.

[X] 6 Sheets of drawings.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		SMALL ENTITY			LARGE ENTITY	
FOR:	# FILED		# EXTRA		RATE	FEE		RATE	FEE
BASIC FEE						\$ 355	OR		\$ 690
TOTAL CLAIMS	60	-20	40		X 9	\$ 360	OR	X 18	\$
INDEP CLAIMS	9	-3	6		X 40	\$ 240	OR	X 78	\$
[] MULTIPLE DEPENDENT CLAIM PRESENTED					+ 130	\$	OR		
* If the difference in Col. 1 is less than "0", enter "0" in Col. 2.					TOTAL	\$ 955		TOTAL	\$ ***

The Declaration and FILING FEE are not enclosed

[X] Name, Address and Citizenship of Inventor(s) is as follows:

Dr. Joe Torres
1571 Grandview Blvd.
Kissimmee, FL 34744
Citizen of United States

Dr. Rafael Jimenez
1621 Grandview Blvd.
Kissimmee, FL 34744
Citizen of United States

PLEASE ADDRESS ALL CORRESPONDENCE TO
JEFFREY S. WHITTLE
Reg. No. 36,382
Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.
255 S. Orange Avenue, Suite 1401
P.O. Box 3791
Orlando, Florida 32802-3791
Phone: (407) 841-2330

Date: January 31, 2001

Mark R. Malek
Mark R. Malek
Reg. No. 46,894
Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.
255 S. Orange Avenue, Suite 1401
P.O. Box 3791
Orlando, Florida 32802-3791
Phone: (407) 841-2330